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PTO/SB/50 (modified) (02-01)

Approved for use through 01/31/2004. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-08301
	First Named Inventor	Kevin M. Christiansen
	This application is a	Continuation of 09/972,847 which is
	Original Patent Number	REI of 5,961,614
	Original Patent Issue Date (Month/Day/Year)	Patent issued October 5, 1999
	Express Mail Label No.	EV301186313US

### APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent


APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Original U.S. Patent for Surrender <input checked="" type="checkbox"/> Ribbioned Original Patent Grant Previously surrendered in parent reissue application 09/972,847
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) from parent reissue application	<input type="checkbox"/> Offer to Surrender Patent
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) copy from parent reissue application (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO/SB/08A <input type="checkbox"/> Copies of IDS Citations
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) copies from parent reissue application <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
	12. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input checked="" type="checkbox"/> Other: <u>Copy of Certificate of Correction</u> <u>of USPN 5,961,614</u>

### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

or ☐ Correspondence address below

00758

Name (Print/Type)	Daniel R. Brownstone	Registration No. (Attorney/Agent)	46,581
Signature		Date	September 18, 2003

16591 U.S. PTO  
10/667241



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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

18602-08301

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 26	**** 6 =	x \$ ____ =		or	x \$18.00 = 108.00
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 4	* 2 =	x \$ ____ =		x \$84.00 = 168.00	
Basic Fee (37 CFR 1.16(h))						\$ ____	\$ 750.00
Total Filing Fee					\$ ____	OR	\$ 1,026.00

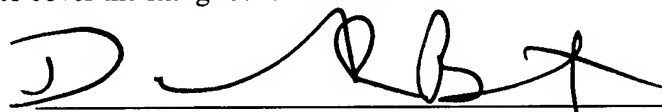
**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 26	MINUS	** 20 =	* = 6	x \$ ____ =	or	x \$18.00 = 108.00	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 2 =	= 2	x \$ ____ =		x \$84.00 = 168.00	
Total Additional Fee					\$ ____	OR	\$ 276.00	

- \* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
 \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
 \*\*\* After any cancellation of claims  
 \*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).  
 \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ **PLEASE DEFER** to cover the filing fee is enclosed.

September 18, 2003  
 Date

  
 Signature of Applicant, Attorney or Agent of Record

Daniel R. Brownstone, Reg. No. 46,581  
 Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 5,961,614  
DATED : October 5, 1999  
INVENTOR(S) : Kevin M. Christiansen

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 6.

Line 52, after "claim", delete "1", insert --2--; and

Column 7.

Line 5, after "system", delete the semi-colon ";", insert a comma --,--.

Signed and Sealed this

Seventh Day of August, 2001

Attest:

*Nicholas P. Godici*

Attesting Officer

NICHOLAS P. GODICI  
Acting Director of the United States Patent and Trademark Office